FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT .

1999 🥌



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726095

1. Corporation Name

SWEETWATER CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2180 W SR 434 #5000 LONGWOOD FL 32779-5024

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2180 W SR 434 #5000 LONGWOOD FL 32779-5024

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90056 001 ****61.25





3. Date Incorporated or Qualifed

21		26					-	-04/12/1973	-						
Suite, Apt.	#. etc.	1201	Suite, Apt. #, etc.				1	4. FEI Number			Арр	lied For			
22	.,	27						59-2267208		[Not	Applicable			
City & State	9	†	City & State				1	E. Contiferto of Status Decised		\$8.	75 A	dditional			
23		28						5. Certificate of Status Desired		F	ee Req	uired			
Zip	Country		Zip	Country				6. Election Campaign Financing		\$5	.00 N	May Be			
24	25	29	3	0				Trust Fund Contribution		Added to Fees					
4	9. Name and Address of Current	Regis	stered Agent				1	10. Name and Address of New	Registered A	gent					
				[81	Name									
HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044						Street Addre	t Address (P.O. Box Number is Not Acceptable)								
								•							
						City				85	Zip C	ode			
				- 1	84	•			<u>FL</u>	1 1	·				
11. Pursuant	to the provisions of Sections 617.0502	and (17.1508, Florida Statutes	, the ab	ove-	named corpo	ora	tion submits this statement for the	purpose of o	hangi	ng its r	egistered istered			
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	r Flori ons of	da. Such change was aut f. Section 617.0503, Florid	n <i>onzea</i> la Statu	by II tes	ne corporatio	៣ទ	s board of directors. Thereby acce	рг втө арропт	HIIGH	as rey	1916160			
-	in and and and and and and		,												
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: R	egistered /	Agent:	signature required	wh		DATE						
12.	OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO OF	FICERS AND						
TITLE	SD		☐ DELETE	1.1 1111	E					Ch	ange	☐ Addition			
NAME	HAMMAN, CAREEN			1.2 NA	ME	ļ									
STREET ADDRESS	102 AMBERWOOD DR			1.3 STF	REETA	ADDRESS									
CITY-ST-ZIP	LONGWOOD FL 32779			1.4 CIT	Y-\$T-	ZIP _									
TITLE	D		DELETE	2.1 7771	E	· ·				다	ange	Addition			
NAME	MIZWICKI, ALANA			2.2 NA	MÉ										
STREET ADDRESS	510 SWEETWATER CLUB CIRCI	E		2.3 STF	REET A	ADDRESS		•							
CITY-ST-ZIP	LONGWOOD FL			2. 4 CIT	Y-ST	-ZIP									
TITLE	TD		☐ DELETE	3.1 TITU	LE			<u>-</u>			ange	Addition			
NAME	PRIORE, LUCIANO			3.2 NA	ME										
STREET ADDRESS	505 SWEETWATER CLUB CIRCL	E		3.3 STF	ŒET /	ADDRESS									
CITY-ST-ZIP	LONGWOOD FL	-		3.4. CIT	Y-ST	- ZIP									
TITLE	PD		☐ DELETE	4.1 TITI	LE					다	ange	Addition			
NAME	LABENSKY, LARRY			4. 2 NA	ME										
STREET ADDRESS	950 SWEETWATER CLUB BOUL	EVAI	RD	4.3 STF	REET	ADDRESS									
CITY-ST-ZIP	LONGWOOD FL			4.4 CIT	Y-ST-	ZIP									
TITLE	D		DELETE	5.1 TITI	LE:					C	nange	☐ Addition			
NAME	FINNELL, BILL			5.2 NA	ME	ļ									
STREET ADDRESS	1060 SWEETWATER CLUB BLVI)		5.3 STF	REETA	ADDRESS									
CITY-ST-ZIP	LONGWOOD FL 32779	7		5.4 CIT	Y-ST-	- ZIP									
TITLE	VD		☐ DELETE	6.1 TIT	LE					CI	nange	Addition			
NAME	COOK, STEVE			6.2 NA	ME	ĺ									
STREET ADDRESS	604 CLUB CIR E			6.3 STF	REET	ADDRESS									
CITY-ST-ZIP	LONGWOOD FL			6.4 CIT	Y-ST-	-ZIP]									
UI: 1-51-ZIP	LONGHOOD I'L				'	l									

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WINTERED COOK 3-1-99 407-418-6460

247624-90056-1 726095

SWEETWATER CLUB TITLE NAME	HOMEOWNERS ASSN., INC. DELETE D GASPERONI, EMIL SR.	ADDITION X	CHANGE
STREET ADDRESS CITY ST ZIP	1126 BROWNSHIRE CT LONGWOOD FL 32779		
TITLE NAME	DELETE	ADDITION	CHANGE
STREET-ADDRESS CITY ST ZIP		e de la companya de l	, , , , , , , , , , , , , , , , , , ,
TITLE NAME	DELETE	ADDITION	CHANE
STREET ADDRESS CITY ST ZIP			
TITLE NAME	DELETE	ADDITION	CHANGE
STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP	DELETE	ADDITION	CHANGE